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ADDRESS**

Application Number	10/572,736
Filing Date	March 21, 2006
First Named Inventor	LOFTY, W
Art Unit	
Examiner Name	
Attorney Docket Number	SAI-004.01

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Wael Lofty

Name

Wael Mohamed Nabil LOFTY

Date

25/12/2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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